

EXAMINATION FORM

Patient: _____

Doctor: _____

Date of Exam: _____

VITAL SIGNS

Height: _____ B.P: _____

Weight: _____ Pulse: _____

SPINAL SUBLUXATIONS

(HYPOMOBILE)

Occiput	Sphenoid
C1	C2
C3	C4
C5	C6
C7	T1
T2	T3
T4	T5
T6	T7
T8	T9
T10	T11
T12	L1
L2	L3
L4	L5
Sacrum	Pelvis (L/R)
Coccyx	

EXTREMITY SUBLUXATIONS

(HYPOMOBILE)

Shoulder	L/R
Clavicle	L/R
A/C joint	L/R
Elbow	L/R
Wrist	L/R
Hip	L/R
Knee	L/R
Ankle	L/R
Other :	_____
Other :	_____

TRIGGER POINTS (TP)/

MUSCLE SPASMS (MS)

Suboccipital	L/R TP/MS
Trapezius	L/R TP/MS
Levator Scap.	L/R TP/MS
Rhomboid	L/R TP/MS
Supraspinatus	L/R TP/MS
Infraspinatus	L/R TP/MS
Subscapularis	L/R TP/MS
Erector Spinae	L/R TP/MS

RANGE OF MOTION

(+) = Pain

<p style="text-align: center;">Cervical ROM</p> <p>Flexion _____</p> <p>Extension _____</p> <p>Lt. Lat. Flexion _____</p> <p>Rt. Lat. Flexion _____</p> <p>Lt. Rotation _____</p> <p>Rt. Rotation _____</p>	<p style="text-align: center;">Lumbar ROM</p> <p>Flexion _____</p> <p>Extension _____</p> <p>Lt. Lat. Flexion _____</p> <p>Rt. Lat. Flexion _____</p> <p>Lt. Rotation _____</p> <p>Rt. Rotation _____</p>
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SUBJECTIVE MUSCLE STRENGTH

(Grade 0 - 5 with Grade 5 = Normal)

Handedness: Lt. Rt.

Upper Extremity	Lt. /Rt.	Grade
C1,2 - Cervical Flexors / Extensors	Lt. /Rt.	_____
C3 - Cervical Lateral Extensors	Lt. /Rt.	_____
C4, CN XI - Cervical Rotators	Lt. /Rt.	_____
C5,6 - Shoulder Abductors	Lt. /Rt.	_____
C5,6 - Shoulder Flexors	Lt. /Rt.	_____
C5,6 - Shoulder Lateral Rotators	Lt. /Rt.	_____
C6 - Elbow Flexors	Lt. /Rt.	_____
C7 - Elbow Extensors	Lt. /Rt.	_____
C8 - Finger Flexors	Lt. /Rt.	_____
T1 - Finger Abductors	Lt. /Rt.	_____
Other _____	Lt. /Rt.	_____
Lower Extremity	Lt. /Rt.	Grade
L1,2,3 - Hip Flexors	Lt. /Rt.	_____
L4, L5, S1 - Hip Abductors	Lt. /Rt.	_____
L5, S1, S2 - Hip Extensors	Lt. /Rt.	_____
L4, L5, S1, S2 - Knee Flexors	Lt. /Rt.	_____
L3 - Sartorius	Lt. /Rt.	_____
L2, L3 - Knee Extension	Lt. /Rt.	_____
L4 - Ankle Inversion	Lt. /Rt.	_____
L5 - Toe Dorsiflexion	Lt. /Rt.	_____
S1 - Ankle Eversion	Lt. /Rt.	_____
Other _____	Lt. /Rt.	_____

GENERAL ORTHOS

<input type="checkbox"/> Ribs _____	<input type="checkbox"/> Valsalvas Test	<input type="checkbox"/> Dejerine's Triad
<input type="checkbox"/> Elbow Open _____	Space Occupy	Herniated Disk,
<input type="checkbox"/> Elbow Closed _____	Lesion	Tumor, or Bony
<input type="checkbox"/> Leg Check	<input type="checkbox"/> DeKleynes' Test	Closure
_____ / Rt. (Short leg)	Supine VBAI	
<input type="checkbox"/> Soto Hall	<input type="checkbox"/> Maigne's Test	OTHER: _____
C / T / L	Seated VBAI	

CERVICAL ORTHOS

<input type="checkbox"/> Cerv. Compression	<input type="checkbox"/> Cervical Distraction
Radiating pain	↓ Pain - MRI Ruleout Disc
Lt. / Rt.	↓ Pain - Capsule Irritation
<input type="checkbox"/> Max. Foraminal Compression	<input type="checkbox"/> Shoulder Depressor
Radiating Pain = NR.	Lt. / Rt. - Radiating Pain
Compression: Lt. / Rt.	OTHER: _____
<input type="checkbox"/> Jackson Test	
N.R. Irritation	

LUMBAR AND S.I. ORTHOS

<input type="checkbox"/> LaSegue's	<input type="checkbox"/> Braggard's	OTHER: _____
_____° Lt. /s, sciatic	Lt. / Rt.	
_____° Rt. /s, sciatic	<input type="checkbox"/> Fabere Patrick	
<input type="checkbox"/> Kemp's	Lt. / Rt.	
Radiating = Disc	<input type="checkbox"/> Ely's	
Local = Facet	Lt. / Rt.	

POSTURE EVALUATION

<input type="checkbox"/> Head Rotation Lt/Rt	<input type="checkbox"/> Knee Rotation Lt/Rt
<input type="checkbox"/> Head Tilt Lt/Rt	<input type="checkbox"/> Fallen Arch Lt/Rt
<input type="checkbox"/> High Shoulder Lt/Rt	<input type="checkbox"/> Forward Head Posture
<input type="checkbox"/> High Hip Lt/Rt	

EXTREMITY EXAM

Shoulder	Lt/Rt	(+) = Pain	↓ ROM
Flexion			
Extension			
Abduction			
Adduction			
Int. Rot.			
Ext. Rot.			

+ ortho: _____

REFLEXES (DTRs)

(Grade 0 - 4 with Grade 2 = Normal)

Biceps C-5	L _____ R _____
Brachioradialis C6	L _____ R _____
Triceps C7	L _____ R _____
Patellar L4	L _____ R _____
Achilles S1	L _____ R _____

+ orthos: _____

Other: _____

DERMATOMAL EVALUATION

	Hypo		N°	Hyper	
	L	R		L	R
C1					
C2					
C3					
C4					
C5					
C6					
C7					
C8					
T1					
T2					
L1					
L2					
L3					
L4					
L5					
S1					

*N = Normal Dermatomal Test

(+) indicates positive test, (-) indicates negative test, (blank) indicates not tested